NAME CHANGE REQUEST

Instructions For Commercial And Residential Contractors

WARNING:

- 1. If a second company is formed and both companies are active, a new application will need to be filed for the NEW company.
- 2. If a second company is formed and the first was a licensed Contractor, before a name change can be done the first company has to be dissolved and a copy of the dissolution papers will need to accompany this form along with the following information.

COMMERCIAL CONTRACTORS ATTACH THE FOLLOWING TO THIS FORM:

- 1. A copy of the Articles of Incorporation, Amended Articles, Partnership Agreement, Buyout or Merger documentations.
- 2. A letter from your CPA stating that the assets and liabilities were transferred from the old name to the new name. (**If name change is mid year of your renewal**)
- 3. The name change form properly executed.
- 4. Name Change Rider for your Surety Bond if the Federal ID # does not change. If it changes a new Surety Bond will have to be submitted.

OR

- 1. A <u>reviewed</u> or <u>audited</u> financial statement prepared in the new name. (**If name** change is done at regular renewal time.)
- 2. A copy of the Articles of Incorporation, Amended Articles, Partnership Agreement, Buyout or Merger Documentation.
- 3. The name change form properly executed.
- 4. Name change Rider for your Surety Bond if the Federal ID # does not change. If it changes a new Surety Bond will have to be submitted.

RESIDENTIAL CONTRACTORS ATTACH THE FOLLOWING TO THIS FORM

- 1. The name change form properly executed.
- 2. A copy of the Articles of Incorporation, Amended Articles, Partnership Agreement, Buyout or Merger Documentation.

CONTRACTORS LICENSING BOARD

4100 Richards Road North Little Rock, AR 72117 501-372-4661

Name Change Request Form

1. PRESENT COMPANY NAME:	(As it NOW appears on your Contractor's License)
Company Name	
Previous Address	
Federal ID Number	Social Security Number
	I
2. COMPANY NAME CHANGED TO	(As it WILL appear on your Contractor's License)
Company Name	
New Address	
Federal ID Number	Social Security Number
A	AFFIDAVIT
STATE OF	
COUNTY OF	
	, being duly sworn, deposes and says: That all
	all become a part of the present valid application on file. That the
	eensing Board and/or Contractors Residential Committee for the
	any depository, vendor or other agency herein named is hereby and/or Contractors Residential Committee with any information
necessary to verify these statements.	and of Conductors residential Committee with any information
	Owner/Officer/Partner
Subscribed and Sworn to before me, a Notary Public, the	his, 20
My Commission Expires:	
	Motour Public
	Notary Public

INSTRUCTIONS FOR COMPLETION OF THE \$10,000 CONTRACTORS BOND

This bond is required only of **commercial** applicants.

Principal's company name **must be exactly** as you have applied for the Contractors License.

An owner, officer, member or partner must sign the bond form.

Only this prescribed form will be accepted. Any alterations to this form must have prior approval from the Contractors Licensing Board.

All information requested on this form must be provided.

Bonds must be executed by an agent, broker or producer licensed by the Arkansas Insurance Commissioner.

Any change in company ownership and/or Federal Employer Identification Number requires a new bond be executed. Any other change, such as name or address, requires an endorsement rider from your agent.

There is a separate form for filing a cash bond, contact Phyllis Isham at 501-371-1505 or 501-372-4661 for assistance.

Please leave this notice attached to your bond.



\$10,000 CONTRACTOR'S BOND

		Effective Date			
STATE OF ARKANSAS		Bond Number			
WHEREAS, under the terms of A.C.A. § 17 Contractors Licensing Board a corporate sur seq.					
WHEREAS, every such contractor is require promulgated by the Contractors Licensing B contracts in the State of Arkansas:					
NOW, therefore, we, the undersigned,					
Pr	incipal's Compa	Company Name As You Will Be Licensed			
Principal Business Address (Physical)	City	State Zip Code	Telephone Number		
as principal, andSurety's Name					
Surety Address	City	State Zip Code	Telephone Number		
as surety, are held firmly bound to the State which we bind ourselves, our heirs, assigns, undersigned principal shall promptly pay any this obligation shall be null and void; otherw. The surety reserves, however, the right to ca	executors and y amount of m rise, it shall be	administrators, jointly and severally, cooney due as provided in A.C.A. § 17-25 n full force and effect.	nditioned that if the i-401, et. seq., then		
principal and to the State (Contractors Licen					
Agent's/Broker's/Producer's Company Name		Principal's Signature (Owner, Officer, Par	tner, Member)		
Mailing Address and Telephone Number		Title			
City/State/Zip Code		Principal's Federal I.D. and/or Social Security Number			
Agent's/Broker's/Producer's Signature					

This bond shall be executed by an agent, broker or producer that is properly licensed with the Arkansas Insurance Commissioner

MAIL ORIGINAL BOND/CANCELLATION NOTICE TO: Contractors Licensing Board, 4100 Richards Road, North Little Rock, AR 72117